

INSTRUCTIONS FOR INJURED WORKER

IF YOU ARE INJURED AT WORK:

REPORT THE INJURY TO YOUR SUPERVISOR IMMEDIATELY. YOUR SUPERVISOR WILL COMPLETE THE SUPERVISOR REPORT OF INJURY. THE SUPERVISOR WILL ALSO GIVE YOU THE FOLLOWING FORMS TO COMPLETE:

- *EMPLOYEE REPORT OF INDUSTRIAL ACCIDENT*
- *DWC-1 CLAIM FORM*
- *EMPLOYEE NOTIFICATION OF RIGHTS MATERIAL (MPN)*
- *AUTHORIZATION FOR MEDICAL TREATMENT*

IF YOU NEED MEDICAL TREATMENT:

YOUR SUPERVISOR WILL GIVE YOU THE COMPLETED *AUTHORIZATION FOR MEDICAL TREATMENT* AND NOTIFY THE HUMAN RESOURCES OFFICE.

IF YOU DECLINE MEDICAL TREATMENT:

PLEASE CHECK THE BOX INDICATING THAT “*I DECLINE MEDICAL TREATMENT...*” ON THE *AUTHORIZATION FOR MEDICAL TREATMENT* FORM. IF YOU NEED MEDICAL TREATMENT AT A LATER DATE, PLEASE ASK YOUR SUPERVISOR FOR A NEW *AUTHORIZATION FOR MEDICAL TREATMENT* FORM.

PLEASE KEEP ALL SCHEDULED APPOINTMENTS:

IF YOU CANNOT KEEP AN APPOINTMENT, PLEASE CALL KEENAN AT 1-800-654-8347 EXT 1107. MISSED APPOINTMENTS MAY RESULT IN LOSS OF BENEFITS AND YOUR ABILITY TO PARTICIPATE IN THE RETURN TO WORK PROGRAM.

IF YOU WISH TO CHANGE PHYSICIANS:

YOU MAY CHANGE PHYSICIANS ONCE YOU HAVE RECEIVED YOUR INITIAL MEDICAL ATTENTION AS LONG AS THE DOCTOR YOU CHOOSE IS WITHIN THE MEDICAL PROVIDER NETWORK (MPN). INFORMATION REGARDING THE MPN WILL BE GIVEN TO YOU AT THE TIME OF YOUR INJURY. IF YOU HAVE QUESTIONS, PLEASE CONTACT KEENAN AT 1-800-654-8347 X1107 OR THE MPN COORDINATOR LISTED ON *THE EMPLOYEE NOTIFICATION OF RIGHTS MATERIAL*.

KEEP HUMAN RESOURCES AND YOUR SITE INFORMED:

IT IS YOUR RESPONSIBILITY PROVIDE YOUR SUPERVISOR WITH A COPY OF YOUR WORK STATUS IMMEDIATELY FOLLOWING YOUR APPOINTMENT. IF YOU ARE GIVEN WORK RESTRICTIONS BY YOUR PHYSICIAN, THEY SHOULD CLEARLY STATE WHAT YOUR LIMITATIONS ARE, INCLUDING ANY RECOMMENDED CHANGE IN YOUR NORMAL SCHEDULE. BE CERTAIN YOU UNDERSTAND THESE LIMITATIONS AND THEY ARE CLEARLY WRITTEN ON YOUR STATUS REPORT. IF THE RESTRICTIONS IMPAIR YOUR ABILITY TO DO YOUR BASIC JOB DUTIES, YOU MUST CONTACT THE HUMAN RESOURCES OFFICE IMMEDIATELY. THESE RESTRICTIONS WILL BE EVALUATED TO DETERMINE IF YOU WILL FALL UNDER THE RETURN TO WORK PROGRAM.

RETURN TO WORK PROGRAM:

THE DISTRICT'S RETURN TO WORK PROGRAM PROVIDES OPPORTUNITIES FOR INJURED EMPLOYEES TO RETURN TO WORK WITH MEDICAL RESTRICTIONS AS OUTLINED BY THE TREATING PHYSICIAN.

AN IMPORTANT PART OF RECOVERING FROM AN INJURY IS RETURNING TO WORK.

THE TEMPORARY MODIFIED DUTIES WILL BE ALLOWED FOR 60 DAYS WITH A PERIODIC REVIEW. THE TEMPORARY MODIFIED DUTIES WILL BE RE-EVALUATED AT THE END OF THOSE 60 DAYS.

TEMPORARY MODIFIED DUTIES AND/OR CHANGES IN YOUR WORK SCHEDULE REQUIRES APPROVAL. PROCESS IS BELOW:

- PROVIDE HUMAN RESOURCES WITH YOUR TREATING PHYSICIAN'S DOCUMENTATION SPECIFYING YOUR LIMITATIONS
- HR WILL WORK WITH YOUR SUPERVISOR TO EVALUATE THE MODIFIED JOB DUTY ASSIGNMENTS IF APPLICABLE
- A MEETING WILL BE HELD WITH YOU TO DISCUSS YOUR OPTIONS

TEMPORARY MODIFIED DUTIES WILL BE TERMINATED AND THE EMPLOYEE PLACED OFF WORK IF ONE OF THE FOLLOWING OCCURS:

- THE TREATING PHYSICIAN WRITES THE EMPLOYEE OFF WORK;
- THE TREATING PHYSICIAN INCREASES MEDICAL RESTRICTIONS THAT CANNOT BE ACCOMODATED
- THE EMPLOYEE DOES NOT FOLLOW ALL THE MEDICAL DIRECTIVES OF HIS/HER TREATING PHYSICIAN

NOTES:

- 1. EMPLOYEES ON WORKERS COMPENSATION MAY NOT LEAVE THE STATE OF CALIFORNIA WITHOUT PRIOR APPROVAL FROM THE DISTRICT. ED CODE SECTION #87787, CSEA BARGAINING AGREEMENT SECTION 14.5.6 UNDER INDUSTRIAL ACCIDENT AND ILLNESS LEAVE**
- 2. "WORKERS' COMPENSATION FRAUD IS A FELONY"-ANYONE WHO KNOWINGLY FILES OR ASSISTS IN THE FILING OF A FALSE WORKERS' COMPENSATION CLAIM MAY BE FINED UP TO \$50,000 AND SENT TO PRISON FOR UP TO FIVE YEARS (INSURANCE CODE SECTION 1871.4)**

IF YOU HAVE ANY QUESTIONS, CONTACT HUMAN RESOURCES AT 909-382-4040